# How To...Give and Receive an Effective Handover

Most of the handovers you’ll do will be to or from the on-call team on evenings and weekends. Handing over to the Med Reg or to another speciality is a bit different, and there’s a guide for that too of course! So, we’ll focus on the **handovers to the on-call team** in this guide.

## Giving a Handover

**Step 1: Write a list**

You’ll get sick of lists; ward lists, jobs lists, bloods to be chased and the list(s) go on! But seriously, you’ll be able to **handover more effectively if it’s written down** in front of you. It’ll help you gather your thoughts, keep things organised and you’re less likely to forget things.

**Step 2: Prioritise**

**Handover in order of urgency.** That patient you reviewed that you’re worried about and already let the Med Reg know about that’ll probably need seen again? Hand them over first. The blood results that need following up, but you’ve only just taken them so they won’t be back for an hour or so, bit further down the list.

**Step 3: Know thy patient**

Which ward, what bed they’re in, hospital number and name. These **basic patient details make all the difference** for the on-call FY1 later when they need to review them. **Handover important background information** too – if the patient you want reviewed has COPD and usually saturates between 88-92%, hand that over so they don’t panic about low sats unnecessarily.

**Step 4: Know thy indication**

**If investigations need chasing, know what needs to be done with them afterwards.** Don’t hand over “Chase bloods” or “Chase X-Ray”, they are my absolute least favourite handovers and they’re a complete pain. What bloods? Why? What next? Handover why the investigation was done, what it was looking for and what to do with the results when they’re back.

**Step 5: Things NOT to handover**

If it can wait until you’re back in tomorrow or Monday, the on-call team DO NOT need to be doing it out of hours. That includes non-urgent bloods, re-writing a drug Kardex, writing a sick note or a discharge letter for someone that *might* go home later in the week or another day, PR exams (honestly, just do those yourself, don’t hand them over).

**Step 6: Preparation is key**

At the end of the day **take 15-20mins before handover to prepare** – put the blood forms out for the phlebotomists for tomorrow, write up the 6pm Warfarin or evening insulin. For the ward FY1 who knows all the patients, that’ll be a quick job. For the on-call FY1 who doesn’t and has to read through all the notes first whilst balancing it with all the other urgent jobs and bleeps, it’ll be an hour, minimum. And they still might not get done.

## Receiving a Handover

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Honestly, it’s kind of exactly the same as how to give a good handover! Make sure you have a list, know the patient details, indications for investigations and what to do with the results.

**Step 1: Ask the right questions**

What do you need to do with the blood results? Is the registrar aware of the patient already? Is there an escalation plan? After the handover, **if you don’t feel confident that you’d know what to do with a patient – ask!** Make things easier for yourself and make sure you’ve got all the information.

If you’re taking a handover from a nurse bleeping about a job – same rules apply. Ask the right question: Background information about the patient, what’s changed, what’s been done already, what do you want me to do? Hand a few jobs back if necessary: while you’re en route to review the patient with the chest pain, ask if an ECG can be done. Can someone do bloods and get a cannula in?